



County of Summit Board of DD
89 East Howe Road, Tallmadge OH 44278
Phone 330-634-8000

Date: _____

Dear Parent(s)/Guardian:

Enclosed is our CALICO Application Packet. We ask that you please complete and return the packet within 10 days. The following items are included in the packet and must be fully completed when returned.

- Health Record
- Medical Statement (to be completed by physician)
- Family Information and Emergency Medical Authorization
- Enrollment/Fee Agreement (including fee information)
- Schedule Verification
- Free and Reduced Lunch form
- Request for Administration of Medication (to be completed by physician for prescription drugs and by parent/guardian for over-the-counter drugs)
- Service Coordination Request form (if applicable)

Along with the above, we ask that you also include a copy of:

- Child's birth certificate
- Child's Social Security card
- Medicaid card (if applicable)
- Two recent photos of your child

Upon the return of your packet, you will be contacted to discuss the start date for your child. We ask that you try and come to CALICO a few days before your child is scheduled to start, in order for him/her to meet the teachers and nursing staff and to bring in any necessary items and/or equipment.

If you have any questions, please feel free to contact Amy Lilenfield at 330-634-8603. The staff here at CALICO looks forward to working with your child.

Sincerely,

Amy Lilenfield
CALICO Manager

Holly Brugh
Director of Children's Services